

Request for Modular Systems Furniture (MSF)



DATE: _____
RESID Project #: _____
PIA No.: _____

Please review this request for Modular System Furniture to determine if PIA will accept or refer this project.

Agency Name: _____

Project Name: _____

Project Address: _____

Estimated Occupancy Date: _____ Dollar Amount: _____

Number of Workstations: _____ Number of Rooms: _____

Future potential projects that will mix and intermember: _____

Percent of Facility already MSF: _____ Which System: _____

Estimated Installation Date: _____ Will Installation be in phases? _____

If yes, how many? _____ and what size? _____

Is there a potential double rent situation? _____

Agency Contact: _____ Phone Number: _____

E-mail: _____ Fax Number: _____

Comments: _____

Planner: _____ Phone Number: _____

E-mail: _____ Fax Number: _____

If PIA accepts or refers this project you do not need a Prison Industry Authority waiver. If PIA accepts the project and you want another vendor, you must submit a PIA waiver request (found at PIA's website ~ www.pia.ca.gov) with the required agency approval and justification. For further information contact PIA.

- ☐ Accepts this project ☐ Refers this project
☐ Accepts conditionally - Comments: _____
☐ Needs additional information. Please call.
☐ To meet these time frames, plans must be received no later than _____

**If the scope of the project changes and/or there is a change in time-line of more than 90 days,
you must submit a new request.**

Office Systems Product Manager
(916) 358-2024 Fax (916) 358-2663

Office Systems Coordinator
(916) 358-1761 or 358-2214 Fax (916) 358-2663